

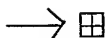
02/06/02

JC698 U.S. PTO

02-11-02

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Please type a plus sign (+) inside this box

Modified PTO/SB/05 (03-01)  
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |  |
|------------------------|--|
| Attorney Docket No.    | Verizon-24   |
| First Inventor         | Lawrence J. FRONCZAK   |
| Title                  | METHODS AND APPARATUS FOR INTEGRATING<br>AUTOMATIC ROUTE SELECTION WITH AIN SERVICES |
| Express Mail Label No. | EL773547321US  |

U.S. PTO  
10/07/2517  
02/06/02**APPLICATION ELEMENTS**See *MPEP* chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **33**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table,  
or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
5. Oath or Declaration w/Power of Attorney [Total Pages **1**]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
  - c. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under  
Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

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or ☐

Correspondence address below

|                   |   |           |                |                                   |                  |  |  |
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| Name (Print/Type) | Michael P. Straub   |           |                | Registration No. (Attorney/Agent) | 36,941           |  |  |
| Signature         | <i>Michael P. Straub</i>  |           |                | Date                              | February 6, 2002 |  |  |

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|--|--|--------------------------|----------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision</p> |  | <b>Complete if Known</b> |                      |
|  |  | Application Number       | Not yet assigned     |
|  |  | Filing Date              | Herewith             |
|  |  | First Named Inventor     | Lawrence J. FRONCZAK |
|  |  | Examiner Name            | Not yet assigned     |
|  |  | Group Art Unit           | Not yet assigned     |
| TOTAL AMOUNT OF PAYMENT  |  | (\$ ) 780.00             |                      |
|  |  | Attorney Docket No.      | Verizon-24           |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)   |  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
|---|---|--|---------------------------------|-----------------|---------------|---------------|---------------|--|-----------------|----------------|--------------------|-------------------------------------|-----------------|---------------|-------------------|--|-----------------|-----------------|------------------|---------------------------|-----------------|---------------------|--------------------|--|----------------|-------------------|------------------------|--|---------------------|-----------------------|--|---|--------------|----------------|----------------|--|----|-----------------|-------|---|---|-----------------|-------|--|--------------------|-------------------|--|---|--------------|-------------------|-----------------|--|---------------|-----------------|--|------------------|--------------|-----------------|------------------------|--|---------------|-----------------|-----------------------------------|--------------------------|-----------------|---------------------|---------------------------------------|---|---------------|----------------|---|----------------------------------|--------------|-------------------|---|------------------------------------|---------------------|-------------------|--|--------------------------------|--|-----------------|--|------------------|--|-----------------|--|-----------------|--|-----------------|--|-------------------------------|--|---------------|--|-------------------------------------|--|-----------------|--|--------------------------------------|--|---------------|--|--|-------|-----------------|--|---|--|-----------------|--|--|--|-----------------|--|---|--|-----------------|--|---|--|---------------------------|--|--|--|---|--|--|---------------------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">50-1049</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Straub &amp; Pokotylo</span></p> <p><input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>  | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>105 130 205 65</td><td></td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127 50 227 25</td><td></td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139 130 139 130</td><td></td><td>Non-English specification</td><td></td></tr> <tr><td>147 2,520 147 2,520</td><td></td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112 920* 112 920*</td><td></td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113 1,840* 113 1,840*</td><td></td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115 110 215 55</td><td></td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116 400 216 200</td><td></td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117 920 217 460</td><td></td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118 1,440 218 720</td><td></td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128 1,960 228 980</td><td></td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119 320 219 160</td><td></td><td>Notice of Appeal</td><td></td></tr> <tr><td>120 320 220 160</td><td></td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121 280 221 140</td><td></td><td>Request for oral hearing</td><td></td></tr> <tr><td>138 1,510 138 1,510</td><td></td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140 110 240 55</td><td></td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141 1,280 241 640</td><td></td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142 1,280 242 640</td><td></td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143 460 243 230</td><td></td><td>Design issue fee</td><td></td></tr> <tr><td>144 620 244 310</td><td></td><td>Plant issue fee</td><td></td></tr> <tr><td>122 130 122 130</td><td></td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123 50 123 50</td><td></td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126 180 126 180</td><td></td><td>Submission of Information Disclosure</td><td></td></tr> <tr><td>581 40 581 40</td><td></td><td>Recording each patent assignment per property (times number of properties)</td><td style="text-align: center;">40.00</td></tr> <tr><td>146 740 246 370</td><td></td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149 740 249 370</td><td></td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179 740 279 370</td><td></td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169 900 169 900</td><td></td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>Reduced by Basic Filing Fee Paid</b></td> <td style="text-align: center;"><b>SUBTOTAL (3) (\$ ) 40.00</b></td> </tr> </tbody> </table> | Large Entity   | Small Entity                    | Fee Description | Fee Paid      | Fee Code (\$) | Fee Code (\$) |  |                 | 105 130 205 65 |                    | Surcharge - late filing fee or oath |                 | 127 50 227 25 |                   | Surcharge - late provisional filing fee or cover sheet |                 | 139 130 139 130 |                  | Non-English specification |                 | 147 2,520 147 2,520 |                    | For filing a request for <i>ex parte</i> reexamination |                | 112 920* 112 920* |                        | Requesting publication of SIR prior to Examiner action |                     | 113 1,840* 113 1,840* |  | Requesting publication of SIR after Examiner action |              | 115 110 215 55 |                | Extension for reply within first month |    | 116 400 216 200 |       | Extension for reply within second month |   | 117 920 217 460 |       | Extension for reply within third month |                    | 118 1,440 218 720 |  | Extension for reply within fourth month |              | 128 1,960 228 980 |                 | Extension for reply within fifth month |               | 119 320 219 160 |  | Notice of Appeal |              | 120 320 220 160 |                        | Filing a brief in support of an appeal |               | 121 280 221 140 |                                   | Request for oral hearing |                 | 138 1,510 138 1,510 |                                       | Petition to institute a public use proceeding |               | 140 110 240 55 |   | Petition to revive - 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| Large Entity  | Small Entity  | Fee Description  | Fee Paid                        |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Fee Code (\$)   | Fee Code (\$)   |  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 105 130 205 65  |   | Surcharge - late filing fee or oath  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 127 50 227 25   |   | Surcharge - late provisional filing fee or cover sheet                     |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 139 130 139 130   |   | Non-English specification  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 147 2,520 147 2,520   |   | For filing a request for <i>ex parte</i> reexamination                     |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 112 920* 112 920*   |   | Requesting publication of SIR prior to Examiner action                     |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 113 1,840* 113 1,840*   |   | Requesting publication of SIR after Examiner action                        |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 115 110 215 55  |   | Extension for reply within first month                                     |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 116 400 216 200   |   | Extension for reply within second month                                    |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 117 920 217 460   |   | Extension for reply within third month                                     |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 118 1,440 218 720   |   | Extension for reply within fourth month                                    |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 128 1,960 228 980   |   | Extension for reply within fifth month                                     |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 119 320 219 160   |   | Notice of Appeal   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 120 320 220 160   |   | Filing a brief in support of an appeal                                     |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 121 280 221 140   |   | Request for oral hearing   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 138 1,510 138 1,510   |   | Petition to institute a public use proceeding                              |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 140 110 240 55  |   | Petition to revive - unavoidable   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 141 1,280 241 640   |   | Petition to revive - unintentional   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 142 1,280 242 640   |   | Utility issue fee (or reissue)   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 143 460 243 230   |   | Design issue fee   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 144 620 244 310   |   | Plant issue fee  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 122 130 122 130   |   | Petitions to the Commissioner  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 123 50 123 50   |   | Processing fee under 37 CFR 1.17(q)  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 126 180 126 180   |   | Submission of Information Disclosure                                       |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 581 40 581 40   |   | Recording each patent assignment per property (times number of properties) | 40.00                           |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 146 740 246 370   |   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 149 740 249 370   |   | For each additional invention to be examined (37 CFR § 1.129(b))           |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 179 740 279 370   |   | Request for Continued Examination (RCE)                                    |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 169 900 169 900   |   | Request for expedited examination of a design application                  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Other fee (specify) _____   |   |  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| <b>Reduced by Basic Filing Fee Paid</b>   |   |  | <b>SUBTOTAL (3) (\$ ) 40.00</b> |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>101 740 201 370</td><td></td><td>Utility filing fee</td><td style="text-align: center;">740.00</td></tr> <tr><td>106 330 206 165</td><td></td><td>Design filing fee</td><td></td></tr> <tr><td>107 510 207 255</td><td></td><td>Plant filing fee</td><td></td></tr> <tr><td>108 740 208 370</td><td></td><td>Reissue filing fee</td><td></td></tr> <tr><td>114 160 214 80</td><td></td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: center;"><b>(\$ ) 740.00</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>19</td> <td>-20** = 0</td> <td>18.00</td> <td style="text-align: center;">00.00</td> </tr> <tr> <td>3</td> <td>-3** = 0</td> <td>84.00</td> <td style="text-align: center;">00.00</td> </tr> <tr> <td colspan="3">Multiple Dependent</td> <td></td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>103 18 203 9</td><td></td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102 84 202 42</td><td></td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104 280 204 140</td><td></td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109 84 209 42</td><td></td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>110 18 210 9</td><td></td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;"><b>(\$ ) 00.00</b></td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater, For Reissues, see above</p> | Large Entity  | Small Entity   | Fee Description                 | Fee Paid        | Fee Code (\$) | Fee Code (\$) |               |  | 101 740 201 370 |                | Utility filing fee | 740.00                              | 106 330 206 165 |               | Design filing fee |  | 107 510 207 255 |                 | Plant filing fee |                           | 108 740 208 370 |                     | Reissue filing fee |  | 114 160 214 80 |                   | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |                       |  | <b>(\$ ) 740.00</b>                                 | Total Claims | Extra Claims   | Fee from below | Fee Paid                               | 19 | -20** = 0       | 18.00 | 00.00                                   | 3 | -3** = 0        | 84.00 | 00.00                                  | Multiple Dependent |                   |  |   | Large Entity | Small Entity      | Fee Description | Fee Paid                               | Fee Code (\$) | Fee Code (\$)   |  |                  | 103 18 203 9 |                 | Claims in excess of 20 |  | 102 84 202 42 |                 | Independent claims in excess of 3 |                          | 104 280 204 140 |                     | Multiple dependent claim, if not paid |   | 109 84 209 42 |                | **Reissue independent claims over original patent |                                  | 110 18 210 9 |                   | **Reissue claims in excess of 20 and over original patent |                                    | <b>SUBTOTAL (2)</b> |                   |  | <b>(\$ ) 00.00</b>             |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Large Entity  | Small Entity  | Fee Description  | Fee Paid                        |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Fee Code (\$)   | Fee Code (\$)   |  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 101 740 201 370   |   | Utility filing fee   | 740.00                          |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 106 330 206 165   |   | Design filing fee  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 107 510 207 255   |   | Plant filing fee   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 108 740 208 370   |   | Reissue filing fee   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 114 160 214 80  |   | Provisional filing fee   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| <b>SUBTOTAL (1)</b>   |   |  | <b>(\$ ) 740.00</b>             |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Total Claims  | Extra Claims  | Fee from below   | Fee Paid                        |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 19  | -20** = 0   | 18.00  | 00.00                           |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 3   | -3** = 0  | 84.00  | 00.00                           |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Multiple Dependent  |   |  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Large Entity  | Small Entity  | Fee Description  | Fee Paid                        |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| Fee Code (\$)   | Fee Code (\$)   |  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 103 18 203 9  |   | Claims in excess of 20   |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 102 84 202 42   |   | Independent claims in excess of 3  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 104 280 204 140   |   | Multiple dependent claim, if not paid                                      |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 109 84 209 42   |   | **Reissue independent claims over original patent                          |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| 110 18 210 9  |   | **Reissue claims in excess of 20 and over original patent                  |                                 |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |
| <b>SUBTOTAL (2)</b>   |   |  | <b>(\$ ) 00.00</b>              |                 |               |               |               |  |                 |                |                    |                                     |                 |               |                   |  |                 |                 |                  |                           |                 |                     |                    |  |                |                   |                        |  |                     |                       |  |   |              |                |                |  |    |                 |       |   |   |                 |       |  |                    |                   |  |   |              |                   |                 |  |               |                 |  |                  |              |                 |                        |  |               |                 |                                   |                          |                 |                     |                                       |   |               |                |   |                                  |              |                   |   |                                    |                     |                   |  |                                |  |                 |  |                  |  |                 |  |                 |  |                 |  |                               |  |               |  |                                     |  |                 |  |                                      |  |               |  |  |       |                 |  |   |  |                 |  |  |  |                 |  |   |  |                 |  |   |  |                           |  |  |  |   |  |  |                                 |

| SUBMITTED BY      |                          | Complete (if applicable)         |                  |
|-------------------|--------------------------|----------------------------------|------------------|
| Name (Print/Type) | Michael P. Straub        | Registration No (Attorney/Agent) | 36,941           |
| Signature         | <i>Michael P. Straub</i> | Telephone                        | (732) 335-1222   |
|                   |                          | Date                             | February 6, 2002 |

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IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Attorney Docket No.: Verizon-24

Applicant: Lawrence J. FRONCZAK

Serial No.: Not yet assigned

Filing Date: Herewith

Title: METHODS AND APPARATUS FOR INTEGRATING AUTOMATIC  
ROUTE SELECTION WITH AIN SERVICES

Examiner: Not yet assigned

Group Art Unit: Not yet assigned

ASSISTANT COMMISSIONER FOR PATENTS  
Box Patent Application  
Washington, D.C. 20231

S I R:

NON-PUBLICATION REQUEST UNDER 37 C.F.R. § 1.213

The applicant requests that the application not  
be published under 35 U.S.C. § 1.122(b).

The undersigned certifies that the invention  
disclosed in the application has not been and will not be  
the subject of an application filed in another country, or  
under a multilateral international agreement, that requires  
publication at eighteen months after filing.

The applicant preserves the right to file an  
application directed to the disclosed invention in another

country, or under a multilateral international agreement as permitted by 37 C.F.R. § 1.213(c).

Respectfully submitted,  
*Michael P. Straub, Reg No. 36,941 for:*  
Loren Swingle  
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